

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 10

-62-019913

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 46

FILED MAY 31 1962

## 1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural Union Twp.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Unionville, Missouri

Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Kansas City

c. CITY  
OR  
TOWNd. STREET  
ADDRESS

26 North Thorp

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Clyde

Middle

D.

Last

Fritz

4. DATE  
OF  
DEATHMonth  
MayDay  
22

Year

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/15/28

## 9. AGE (last birthday)

33

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Thorp

## 10b. KIND OF BUSINESS OR INDUSTRY

Electronic Firm

## 11. BIRTHPLACE (City and state or country)

Hasterville, Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Vernon Fritz

## 13b. MOTHER'S MAIDEN NAME

Blanche Brown

## 14. NAME OF HUSBAND OR WIFE

Billie M

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Billie M. Fritz 26 N. Thorp

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Multiple injuries

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

from plane crash

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF  
INJURY

9:45

## Hour

p.m.

## Month, Day, Year

5-22-62

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

on farm

## 20f. CITY, TOWN, OR LOCATION

Union Twp.

## COUNTY

Putnam

## STATE

Mo.

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 9:45 p.m. \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Mrs. Billie M. Fritz

## (Degree or title)

C. C. Fritz

## 22b. ADDRESS

Unionville, Missouri

## 22c. DATE SIGNED

5-24-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

5/24/62

## 23c. NAME OF CEMETERY OR CREMATORY

H. Chapel Hill Memorial

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## 24. FUNERAL DIRECTOR

Hugh S. Johnson

## ADDRESS

Centerville, Mo

## 25. DATE RECD. BY LOCAL REG.

5-24-62

## 26. REGISTRAR'S SIGNATURE

Marshall Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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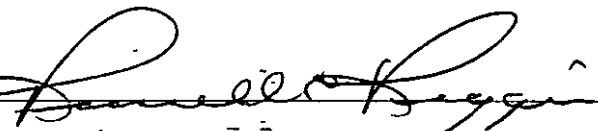
JUN 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

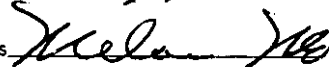
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3792

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.